

TRANSMITTAL FORM	Attorney Docket No. 1821P
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2143
JG

In re the application **Natalio** Confirmation No: **8451**
 Serial No: **09/905,118** Group Art Unit: **2143**
 Filed: **July 13, 2001** Examiner: **Jean Gilles, Jude**

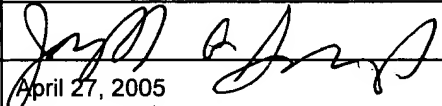
U.S. PATENT & TRADEMARK OFFICE
 MAY 02 2005
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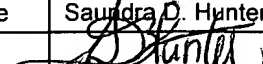
For: **Method to Distribute Information In An Airport**

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for two month(s), From March 1, 2005 to April 30, 2005.	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	31	28	3	\$ 25.00	\$ 75.00
Independent Claims	5	5	0	\$100.00	\$ 0.00
Total Fees					\$ 75.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. <u>08631</u> in the amount of \$ <u>300.00</u> is enclosed for payment of fees extra independent claims (\$75) and two month extension (\$225)
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	April 27, 2005

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 27, 2005	
Type or printed name	Sandra D. Hunter
Signature	

05/03/2005 CNGUYEN 00000029 09905118 225.00 0P
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